

No. 52-1

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Summer Gage - Marlboro

Name of deceased Harry B. Spurr

Age 75 years 1 months 14 days

Place of death Newton St. Garage.

Date of death 1/23/52

Cause of death Sudden Death, presumably Coronary.

Interment at Rural - Southboro

Date permit issued 1/23/52

Certified by Walter Mahoney (medical examiner) M. D.

No. 52 -1

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro.....Mass.Name of deceased Harry B. Spurr.....

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass
(Name of cemetery or crematory)on January 26, 1952 3 P.M.Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)
Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

No. 52.2

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to J. L. Norton + Son Framingham

Name of deceased Robert V. Vitale

Age 5 years months days

Place of death Middle Rd., Southboro

Date of death February 1, 1952

Cause of death Drowning

Interment at Rural Cem. Southboro

Date permit issued 2/2/52

Certified by S. Alden Guild. M. D.

No. 52-2**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Robert V. VitaleIf a U. S. War Veteran, specify what war, organization, etc.

.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cem. Southboro
(Name of cemetery or crematory)on Feb. 3, 1952Certified by Harold M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 52-3

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Wm Tighe.

Name of deceased Margaret McCarthy (Colleary)

Age 86 years months days

Place of death Turnpike, Payville.

Date of death 3/17/52

Cause of death Cerebral Hemorrhage.

Interment at Rural - Shoro

Date permit issued 3/18/52

Certified by Sher. M. D.

No. 52-3

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Margaret McCarthy (colleary)

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southborough, Mass.
(Name of cemetery or crematory)on March 20, 1952 10 A. M.Certified by Katherine M. O'Flaherty
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to *Sumner C. Sage.*Name of deceased *Mary Ellis Goodnow.*Age *80* years *2* months *29* daysPlace of death *Oak Hill Rd, Jaspille.*Date of death *3/18/52*Cause of death *Sudden Death, presumably C. Thrombosis*Interment at *Rocklawn - Marlboro*Date permit issued *3/20/52*Certified by *Walter Mahoney as Med. Ex. am.* M. D.

No. 52-5

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to *Sumner L. Gage*Name of deceased *George Whitney Miller*Age *86* years *4* months *2* daysPlace of death *Southboro
carcinoma of prostate*Date of death *April 2, 1952*

Cause of death

Interment at *Crystal Lake Cem. Gardner*Date permit issued *April 3, 1952*Certified by *David Sher* M. D.

No. 52-5

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed,*to Agent Board of Health
(Office issuing permit)City or Town of Southboro Mass.

Name of deceased

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Crystal Lake Cemetery
(Name of cemetery or crematory)on April 4, 1952Certified by Charles R. Shaw
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

(Office Issuing Permit)

City or Town of Rock Mass.

Name of deceased U.S. War Veteran, specify what war, organization, etc.

GARDNER, MASS. April 4 1952

GRAVE No. 5 LOT No. 298 SEC. No.

CRYSTAL LAKE CEMETERY

GREEN LAKE CEMETERY

GREEN LAKE EXT. CEMETERY

WILD WOOD CEMETERY

~~Crystal Lake~~

Charles R. Shaw Supt

Certified by (Signature of Superintendent, cemetery or authority)

No. 52-6

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Seymour Wood - HopkintonName of deceased Patrick Henry GormleyAge 84 years months daysPlace of death Melinda Rest Home - Ward RdDate of death 4/6/52Cause of death Cancer of face + earInterment at Ar Mary's Rest Home Milford.
Cem'yDate permit issued 4/8/52Certified by David Sher. **M. D.**

No. 52-6

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed,*to Agent, Bd. of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Patrick Henry GormleyIf a U. S. War Veteran, specify what war, organization, etc.

_____**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

ST. MARY'S CEMETERYat _____
(Name of cemetery or crematory)on 4-9-'52Certified by J. J. Fannon
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

CITY OF NEWARK
DEPARTMENT OF HEALTH

No. 139

Newark, N. J., Mar 31 1952

AMALIA

PERMISSION IS HEREBY GIVEN to disinter the

remains of Amelia Rigo; Age, 30 yrs

Date of Death, Oct 22 - 1918 Cause of Death, Suppurative Pneumonia

Occupation, Flower Place of Birth, N. D.

Place of Death, Kankakee; Certified by 4

and remove the same from MT. OLIVET St. Michael (Newark)

to Hopkinton Mass. for interment.

Dr. A. Harkin Health Officer.

THIS PERMIT MUST IN ALL CASES ACCOMPANY THE BODY TO ITS DESTINATION.

T.F.CALLANAN

eng

No. 52-7

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to J. J. Callanan Church St.
Hopkinton.

Name of deceased Amalia Riga

Age 30 years months days

Place of death Kenilworth, N.J.

Date of death 10-22-'18

Cause of death Influenzal Pneumonia

Interment at Rural - Southboro

Date permit issued 4/8/52

Certified by a disinterment permit from The
Dep't of Health Office of Newark, N.J. dated 3/31/52 M. D.

No. 52-7**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro.....Mass.Name of deceased Amalia Riga.....If a U. S. War Veteran, specify what war, organization, etc.
.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)on April 9, 1952 1-30 P.M.Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 52-8

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to *Sumner B. Gage.*Name of deceased *James E. O'Leary*Age *75* years *10* months *23* daysPlace of death *at home - Latisquama Rd.*Date of death *June 3, 1952*Cause of death *Hypertensive Heart Disease* *with Left Ventricular Failure.*Interment at *Rural - San Marcos*Date permit issued *June 3, 1952.*Certified by *Hugh Johnson* **M. D.**

No. 52-8**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased James E. O'Leary

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)on June 5, 1952 3 P.M.Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

HEALTH DEPARTMENT DISTRICT OF COLUMBIA BURIAL TRANSIT PERMIT

Date issued

3-29-52

19

No.

514110

Name of deceased

Henry P. Kidden Jr.

Place of death

Emergency

Date of death

2-29-

19

52

Sex

m

Color

y

Age

24

Cause of death

Chronic Ulcerative Colitis

Permission is hereby given for the removal of the remains of the above-named person by under-
taker Gravels Sons to Cedar Hill, Md for Interment

on

3-4-

19

52

David R. Archanger

HEALTH OFFICER

IMPORTANT

This is a duplicate of the permit issued in this case. This duplicate is not to be returned to the Health Officer of the District of Columbia, but must accompany the remains to their destination.

CREMATION APPROVED

No. 52 - 9

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Walker M. OffuttName of deceased Henry P. Kidder Jr.Age 24 years — months — daysPlace of death "Emergency" - D.C. (Washington)Date of death 2 - 19 - 52Cause of death Chronic Ulcerative Colitis.Interment at ~~Arlington~~ - Rural - SouthboroDate permit issued 6 - 21 - 52Certified by W. Magnusder Macdonald. M. D.

No. 52-9**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Henry P. Kidder, Jr.

If a U. S. War Veteran, specify what war, organization, etc.

?

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Burnett Park Cemetery, Southboro, Mass
(Name of cemetery or crematory)on June 21, 1952 11 A.M.Certified by Karen M. O'Neil
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 52-10

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to John P. RoweName of deceased Leonello J. LottiAge 67 years months daysPlace of death Park St. SouthboroDate of death 8/14/52Cause of death Sudden Death - presumably coronary
sclerosisInterment at Rural Cem., SouthboroDate permit issued 8/15/52Certified by Walker Mahoney medical
examiner. **M. D.**

No. 52-10

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed,*to Agent Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Leonello F. LottiIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)on August 16, 1952 10 A.M.Certified by Walter M. Coffey
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 152-11**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed,*

to

(Office issuing permit)

City or Town of Southboro Mass.Name of deceased John Thomas Gray

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at

(Name of cemetery or crematory)

on

Certified by

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Sumner E. GageName of deceased Ida Florence GrayAge 82 years 11 months 12 daysPlace of death Fairville - SouthboroDate of death August 31, 1952Cause of death Cerebral thrombosisInterment at Rural Cem. SouthboroDate permit issued August 31, 1952Certified by John Paul Ghearn M. D.

No.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to

Name of deceased

Age years months days

Place of death *York*

Date of death

Cause of death

Interment at

Date permit issued

Certified by M. D.

No. 52-12**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Seymour Wood - HopkintonName of deceased Charles A. LegayAge 74 years 3 months 0 daysPlace of death Parkville Road.Date of death 10 Sept '52Cause of death Cerebral Hemorrhage.Interment at Rural - SouthboroDate permit issued 11 Sept '52Certified by Timothy Stone M. D.

No.

52-12

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*

to

Agent, Board of Health.

(Office issuing permit)

City or Town of

Southboro

Mass.

Name of deceased

Charles A. Legay

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southborough, Mass.

(Name of cemetery or crematory)

on September 12, 1952

3 P.M.

Certified by

(Signature of Superintendent, cemetery or crematory)

Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

No. 52-13

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Sumner C. GageName of deceased Barbara Birss DempseyAge 81 years 10 months 7 daysPlace of death School St., SouthboroDate of death 9 - 22 - 52Cause of death Carcinoma of Cecum.Interment at Mr. Hope Gering - BostonDate permit issued 9 - 23 - 52Certified by R. A. Johnson M. D.

No. 52-13**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro. Mass.Name of deceased Barbara Bross DempseyIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at MOUNT HOPE CEMETERY
(Name of cemetery or crematory)on 9-24-54Certified by P. J. Curley
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to

J. J. Brown + Son - Marlboro.

Name of deceased

Arlene B. Mattioli

Age

30

years

1

months

13

days

Place of death

E. Main Ar.

Date of death

OCT 15 1952

Cause of death

Rheum. Heart Disease.

Interment at

Rural - Marlboro.

Date permit issued

OCT 17 1952

Certified by

A. E. LeMarbre

M. D.

OCT 17 1952

No.

52

14

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*

to

Agent, Board of Health
(Office issuing permit)

City or Town of

Southboro

Mass.

Name of deceased

Arlene B. Mattioli

If a U. S. War Veteran, specify what war, organization, etc.

—

ENDORSEMENT*(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was disposed
of in accordance with its terms

at

Rural Cem. Southboro
(Name of cemetery or crematory)

on

October 18, 1952

Certified by

J. A. M. O'Connell
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 52 15**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to George Sr. Pierol + Son
Springfield, Mass.
Name of deceased Albert PLANTE

Age 51 years — months — days

Place of death Turnpike, corner of White Bagley Rd.

Date of death OCT 18 1952

Cause of death Fractured skull + cervical spine.
(struck by automobile)

Interment at St. Michael's Springfield.

Date permit issued OCT 19 1952

Certified by Walter Mahoney (med exam) M. D.

OCT 19 1952

No.

52 15

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health.
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Albert PlanteIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St. Michael's Spfld Mass
(Name of cemetery or crematory)on Oct 21, 1952Certified by M. F. Hanna
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to William R. Miller, WalthamName of deceased Gordon A. KenisonAge 28 years 6 months 18 daysPlace of death Framingham Rd., SouthboroDate of death OCT 20 1952Cause of death Fractured SkullInterment at Mt. Feake Cem. - WalthamDate permit issued OCT 21 1952Certified by W. F. Mahoney (med. exam.) M. D.

OCT 21 1952

No.

52 16

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Gordon A. Kenison

If a U. S. War Veteran, specify what war, organization, etc.

WWII - 11/2/42 - 12/24/45Cpl. - 1342 A.T.C.**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was disposed
of in accordance with its termsat Mount Feake Cemetery
(Name of cemetery or crematory)on October 24, 1952Certified by H. A. Gill
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

OCT 21 1952

No. 52 17

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Ernest R. Oulton

If a U. S. War Veteran, specify what war, organization, etc.

WW II - 2/8/43 to 4/15/46Pvt. - Air Force**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Riverside Cemetery, Saugus
(Name of cemetery or crematory)on October 23, 1952Certified by Alfred W. Rawers
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. **52** **17****BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Sumner C. GageName of deceased Ernest R. OultonAge 27 years 11 months 22 daysPlace of death Framingham Rd., SouthboroDate of death OCT 20 1952Cause of death Fract. Skull.Interment at Riverside Cem'y (Saugus)Date permit issued OCT 21 1952Certified by W. F. Mahoney (med. exam.) M. D.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to George E. Cranston via gaze of
140 W. Main, Wickford RI MarlboroName of deceased Eugene Stanton WoodAge 59 years 9 months 10 daysPlace of death Farm SchoolDate of death OCT 27 1952Cause of death Sudden death, presumably Coron. Scler.Interment at Elm Grove, Wickford RIDate permit issued OCT 28 1952Certified by Walker Mahoney (Med Exam) M. D.

NOV 1 1952

No. 52 19

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Fermina C. BaldelliIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was disposed
of in accordance with its termsat Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)on Nov. 3, 1952 10 A.M.Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 52 19

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to J. J. Callahan & Son Hopkinton.

Name of deceased Termina G. Baldelli (nee Serfilippi)

Age 59 years — months — days

Place of death Cordaville Rd., Southboro

Date of death 10 31 52

Cause of death Carcinoma of lung.

Interment at Rural — Southboro

Date permit issued NOV 1 1952

Certified by Albert E. Le Marbre M. D.

No. 52 20**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to George Sessions Sons Co 71 Pleasant. War.Name of deceased August Stucker.Age 83 years 5 months 8 daysPlace of death Southville Rd., Southville.Date of death 10 - 20 - 52Cause of death Cerebral Hemorrhage.Interment at Hope Cemetery Worcester.Date permit issued 11 22 52Certified by W. J. Cochrane Westboro. M. D.

No.

41721
52 20**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*

to

Agent, Board of Health
(Office issuing permit)

City or Town of

Southboro,

Mass.

Name of deceased

August Stucker.

If a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was disposed
of in accordance with its terms

HOPE CEMETERY

at

(Name of cemetery or crematory)

on

NOV 22 1952

Certified by

George J. Cross

(Signature of Superintendent, cemetery or crematory)
G. J. Cross

If there is no officer in charge, undertaker should sign and return this stub.

to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased James William O'Brien

If a U. S. War Veteran, specify what war, organization, etc.

at
(Name of cemetery or crematory)

on FEB 24 1953 ST. LOUIS, MO.

Certified by _____
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 53' 1**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Francis S. MahoneyName of deceased James W^m O'BrienAge 0 years 6 months 7 daysPlace of death Pine Hill Rd.Date of death 2 2 33Cause of death Asphyxiation orange juice
regurgitated
in tracheaInterment at St. Joseph's - W. RoxburyDate permit issued 2 24 33Certified by Walter Mahoney M. D.
Med. Exam.

No. 53-2**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Albert E. CrepeauIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was disposed
of in accordance with its termsat Cambridge Catholic
(Name of cemetery or crematory)on April 16, 1953Certified by Frank J. Munyan
(Signature of Superintendent, cemetery or crematory)
E. J. O'R.

If there is no officer in charge, undertaker should sign and return this stub.

No. 53-2

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Frank Robichand.

Name of deceased Albert E. Gripeau.

Age 40 years - months - days

Place of death Deerfoot Rd (Deerfoot Farms)

Date of death 4 - 14 - 53.

Cause of death Hypertensive Heart Disease with
Coronary Occlusion - Pulmonary
Emphysema - Cor Pulmonale.

Interment at Cambridge Cath., Cambridge.

Date permit issued 4 - 14 - 53

Certified by Walter F. Mahoney (M.E.) M. D.

No. 53-3**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Augustin Levesque.

If a U. S. War Veteran, specify what war, organization, etc.

WW II - data not available**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was disposed
of in accordance with its termsat South West End Mass
(Name of cemetery or crematory)on May 7-1953Certified by Hubert P. [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 53-3

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Joseph H. Gouture

Name of deceased Augustin Levesque.

Age 48 years — months — days

Place of death Deerfoot Rd. (Aronson)

Date of death 5 4 53

Cause of death Sudden death, presumably coronary
Thrombosis

Interment at Sacred Heart Cemetery

Date permit issued 5 4 53

Certified by Walter F. Mahoney Med
Examiner
M. D.

FLORIDA

STATE BOARD OF HEALTH

Burial Permit No. 1014

BURIAL-TRANSIT PERMIT

Full name of deceased Frederick R. Woodward
Place of death St. Petersburg Pinellas Florida
(City) (County)
Date of death April 25 19 53 Color W Sex M Age 83
Method of disposal cremation Beach
(Whether burial, cremation, transportation, storage, etc.) (Cemetery or Crematory)
County St. Petersburg Beach State Florida

A certificate of death having been filed as required by the laws of this State, permission is hereby given to John S. Rhodes License No. 19
(Funeral Director or person acting as such)
to dispose of body of said deceased as above stated.
Date issued 4-27-53 Signature Emily B. Kneer, Dip.
(Registrar)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW
Body was cremated on April 29 19 53 in Beach Memorial Chapel
(State whether cremated, buried, stored, etc.) (Cemetery or Crematory)
Place St. Petersburg Beach, Florida Signature Paul E. Thompson
(Sexton or person in charge)

V.S. # 244

coronary occlusion

This permit must be endorsed by the Sexton (or by the Funeral Director where there is no sexton) and returned within 10 days to the Registrar of the district in which the burial takes place.

No. 53-4**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Frederick R. WoodwardIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cem. Southboro
(Name of cemetery or crematory)on May 19, 1953Certified by St. M. O'Connell
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 53-4**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to W.M. Offutt - Supt. of Cem.Name of deceased Frederick R. Woodward.Age 83 years - months - daysPlace of death St. Petersburg, Fla.Date of death 4 25 53Cause of death coronary occlusionInterment at Rural - SouthshoreDate permit issued 5 12 53Certified by Florida State Permit #1014 M. D.

No. 53-5**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Grace Mande SmithIf a U. S. War Veteran, specify what war, organization, etc.
_____**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)on June 10, 1953Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 53-5**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Wm M. Tighe.Name of deceased Grace M. SmithAge 69 years months daysPlace of death Commons Rest Home.Date of death 6/8/53Cause of death Arteriosclerotic Heart Dis.Interment at Rural - Southboro.Date permit issued 6/8/53Certified by C W Smith M. D.

TRANSIT PERMIT

NEW YORK STATE DEPARTMENT OF HEALTH ALBANY

A Transit Permit and Transit Label issued by the Local Registrar of Vital Statistics must accompany each dead body transported by a common carrier.—Regulation 1, subdivision 1.

UNDERTAKER'S CERTIFICATE

I Hereby Certify that the accompanying dead body of RICHARD C. BECKER
 Veteran* WWII who died in the City of Buffalo
 (If veteran, give name of War) (City, Village or Town)
 County of Erie, State of New York, on June 4, 1953 19____, Sex Male
 Color or race White, Age 32 years 1 months 27 days, Birthplace Worcester Mass. and Cause of
 Death Carcinoma of Naso-pharynx with generalized carcinomatosis
 has been prepared for transportation strictly in accordance with Regulation 1, subdivision____ as printed with this blank. Certificate was signed by
Kenneth C. Olson, M.D., Address VA Hospital Buffalo NY Date of shipment 6-5-53
 19____; Route of shipment New York Central Train #46; Point of
 shipment Buffalo, N.Y.; Point of destination By train to Framingham, Mass. then by
hearse to Westboro, Mass.
 (Signature of Undertaker) Thomas W. Davis 906782
 Dated 6-5-53 19____ Address 3070 Delaware Avenue, Kenmore, N.Y.
 *Cross out words not applying.

PERMIT OF LOCAL REGISTRAR

DIST. No. 1498 Registered No. 142
 Date of issuance 6-5-53 19____
 A satisfactory Certificate of Death for above decedent having been filed and recorded in my office, PERMISSION
 IS HEREBY GRANTED FOR THE REMOVAL AND SHIPMENT OF THE BODY.
 Deputy (Signature of Local Registrar) deputy [Signature]
 Local Registrar of the City of Buffalo, VA Hospital, County of Erie
 (City, Village or Town) 3495 Bailey Avenue
 State of New York.

Only the Local Registrar (Deputy or Subregistrar) may issue a Burial, Removal or Transit Permit

Detach here and give part above to escort or attach to waybill if shipped by express

Always write legibly, with durable black ink

No. 53-6**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Richard C. Becker

If a U. S. War Veteran, specify what war, organization, etc.

WW II**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Final Bur. Southboro
(Name of cemetery or crematory)on June 8, 1953Certified by J. H. Moffatt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 53-6

BURIAL (OR REMOVAL) PERMIT*Slab to be retained by officer issuing permit*Issued to Irving W. Harper, WestboroName of deceased Richard C. Becker.Age 32 years 1 months 27 daysPlace of death VA Hosp - Buffalo, N.Y.Date of death June 4, 1953Cause of death Carcinoma of Naso-pharynx with
generalized carcinomatosisInterment at Rural Cem. - WestboroDate permit issued 6/8/53Certified by Kenneth C. Olson M. D.
Info from N.Y. State Transit Permit.
Buffalo V.A. Hosp.

No. 53-7**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health.
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Robert J. Naberini Jr.If a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cem. Southborough, Mass.
(Name of cemetery or crematory)on June 12, 1953Certified by Walter M. O'Brien
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 53-7**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Wm M. TigheName of deceased Robert J. Nobeinini, Jr.Age 1 years 0 months 6 daysPlace of death Immpike, Fayetteville.Date of death 6 9 53Cause of death Asphyxiation from by gas
and plaster door.Interment at Rural - SouthboroDate permit issued June 11, 1953Certified by Walter Mahoney (Med. Exam.) M. D.

No. 53-8**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Emgard Julia Noborini (née Schiller)If a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cem. Southborough, Mass.
(Name of cemetery or crematory)on June 12, 1953Certified by Walter M. O'Connell
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 53-8**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to William Tighe - marlboroName of deceased Irmgard Julia Noberini, née SchillerAge 27 years months daysPlace of death Turnpike, Fayville.Date of death June 9, '53Cause of death Asphyxiation by gas + plaster dust.Interment at Rural - SouthboroDate permit issued 6 - 11 - '53Certified by W. F. Mahoney (med. Exam.) M. D.

No. 53-9**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Florence IsoliIf a U. S. War Veteran, specify what war, organization, etc.
-**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cem. Southboro
(Name of cemetery or crematory)on June 12, 1952Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 53-9**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Henry C. Boyle, Jr. Fran.Name of deceased Florence InchiAge 42 years - months - daysPlace of death Fairville - at the Post Office.Date of death 6 9 53Multiple Fractures, chest, ribs, legs

Cause of death

Interment at Rural SouthernDate permit issued 6 12 53Certified by Walter F. Mahoney ^(med exam) M. D.

No. 53-10

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health.
(Office issuing permit)City or Town of Southboro Mass.
(nee Winch)

Name of deceased Florence Ethel Uhlman

If a U. S. War Veteran, specify what war, organization, etc.

no

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cem. Southboro, Mass.
(Name of cemetery or crematory)

on July 18, 1953 3 P?M?

Certified by 
(Signature of Superintendent, cemetery or crematory)

Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

No. 53-10**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Richard P. ColdwellName of deceased Florence Ethel Uhlman (nee Winch)Age 71 years 9 months 10 daysPlace of death Central St., SouthboroDate of death 7 16 53Cause of death PneumoniaInterment at Rural, SouthboroDate permit issued 7-16-53Certified by Roland S. Newton M. D.

No. 53-11**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased James R. Sherrett

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was disposed
of in accordance with its termsat Rural Cemetery, Southborough, Mass.
(Name of cemetery or crematory)on August 19, 1953 3 P.M.Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 53-11**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased James R. SherettAge 42 years 9 months 12 daysPlace of death Newton St., SouthboroDate of death 8 17 '53Cause of death Sudden Death,
Presumably Coronary ThrombosisInterment at Rural - SouthboroDate permit issued 8 18 '53Certified by Walter Mahoney (med exam) M. D.

No. 53 - 12

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Alfred DiPesa

If a U. S. War Veteran, specify what war, organization, etc.

none**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at HOLYHOOD CEMETERY
(Name of cemetery or crematory)on AUG 28 1953 Brookline, Mass.
HOLYHOOD CEMETERYCertified by William J. O'Hearn, Supt.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 53-12

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Donald C. Morris

Name of deceased Alfred DiPesa

Age 76 years 1 months 15 days

Place of death Southboro Arms.

Date of death 8 25 53

Cause of death Sudden Death, presumably
Coronary Thrombosis

Interment at Holyhood - Brookline.

Date permit issued 8 27 '53

Certified by Walker Mahoney (Medical Examiner) M. D.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Richard P. CaldwellName of deceased Alice May Draper (née Glover)Age 78 years 8 months 15 daysPlace of death Main St., SouthboroDate of death 8 30 '53Cause of death Coronary OcclusionInterment at Maplewood - MarlboroDate permit issued 8 31 '53Certified by R.S. Newton M. D.

Always write with black ink.

CONNECTICUT STATE DEPARTMENT OF HEALTH
Hartford, Connecticut, U. S. A.

REMOVAL, TRANSIT AND BURIAL PERMIT

(This permit is sufficient for removal of a body to any town and also for interment)

No. of permit _____

Date AUGUST 31, 1952

The certificates required by the state statutes have been received and recorded, that the body has been prepared in accordance with the Sanitary Code. Permission is granted to remove the body of

ALBERT KELLEY BABBITT

If veteran
name war NO

who died at STRATFORD CONVALESCENT HOSPITAL STRATFORD on AUGUST 30, 1953

Date of Birth	Age (in years last birthday)	If under 1 year		If under 1 day	
		Months	Days	Hours	Mins.
<u>Jun 3 8, 1873</u>	<u>80</u>				

Sex Male Race or Color "hite"

Cause of death Cerebral Thrombosis-

for Burial in Southborough Rural Cemetery in Southborough, Mass.
(Name of Cemetery) (Town) (State)

Issued to Dennis & D'Arcy Fun. Dir.
or
Embalmer

Address Stratford, Conn.

Embalmer's License No. 974

THIS IS NOT A CREMATION PERMIT

Assistant

Registrar of Vital Statistics

Town of STRATFORD

No. 53-14**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Bd. of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Albert Kelley BabbittIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cem. Southboro
(Name of cemetery or crematory)on Sept 2, 1953Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 53-14**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Iving H. HarperName of deceased Albert R. BallittAge 80 years - months - daysPlace of death Stratford, Conn.Date of death August 30, 1953Cause of death Cerebral ThrombosisInterment at Rural Cemetery, SouthboroDate permit issued Sept 2, 1953

Certified by M. D.

STATE OF NEW JERSEY

BURIAL OR REMOVAL PERMIT

Madison Oct. 22, 19 53

(City, borough or township and date)

The Certificate of death having been furnished me, as required by the laws of this State, permission is

hereby given for the burial of Frank Metcalf

Age

Years	Months	Days
83		

who died in Madison

(City, borough or township)

Morris

on

October 21, 19 53

(County)

Cause of Death Arteriosclerotic Heart Disease

Place of Burial Rural Cemetery, Southborough, Mass.

(Name of cemetery)

(Location)

Funeral Director

Burroughs & Kohr

Madison, N. J.

(Address)

Ann M. Spera

(Registrar of Vital Statistics)

This permit must be delivered to the keeper of the cemetery where burial is to take place, who should fill in the spaces on back of permit, sign same and forward it within ten days to the registrar of the district in which the cemetery is located.

PENALTY FOR BURYING WITHOUT A PERMIT, \$5 TO \$100

No. 53-15**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health.
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Frank Mercely.If a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Burial Southboro
(Name of cemetery or crematory)on Oct. 24, 1953Certified by Victor M. Coffey
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 53-18**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to William M. TigheName of deceased Clementina Trioli nee CordaniAge 81 years - months - daysPlace of death Junipike, JayvilleDate of death 12 8 53Cause of death Cerebral HemorrhageInterment at Rural - SouthboroDate permit issued 12 8 53Certified by Walter F. Mahoney M. D.

No. 53-18**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of SOUTHBORO Mass.Name of deceased Clementina TrioliIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was disposed
of in accordance with its termsat Rural Burial Society
(Name of cemetery or crematory)on Dec 4, 1953Certified by J. M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 53-17**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased Arline S. MorrisonAge 45 years 4 months 9 daysPlace of death E. Main St., Southboro.Date of death Nov 29 53Cause of death Sudden Death, presumably
Coronary ThrombosisInterment at Evergreen - Hopkinton.Date permit issued 11 30 53Certified by Walter Mahoney M. D.
Medical Examiner.

This Coupon to be returned immediately, properly endorsed

to Agent Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Arline G. Morrison

If a U. S. War Veteran, specify what war, organization, etc.

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Evergreen Cemetery Hopkinton Mass.
(Name of cemetery or crematory)

on Tue. Dec. 1 1953-Lot D15-#2

Certified by H. L. McIntire
(Signature of Superintendent)

If there is no officer in charge, undertaker should sign and return this stub.

N. L. McINTIRE
SEXTON
Town of Hopkinton
Cemeteries

No. 53-16

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Irving W. Harper

Name of deceased Harry L. Ladd.

Age 83 years 5 months 24 days

Place of death Cordaville Rd., Cordaville.

Date of death 11 2 53

Cause of death A.S. Heart Disease.

Interment at Riverside, Springvale, Me.

Date permit issued 11 2 53

Certified by J. L. Stone, M. D.

No. 53-15**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to W. M. Offutt.Name of deceased Frank McCall.Age 83 years - months - daysPlace of death Madison, N.J.Date of death 10 21 53Cause of death Arteriosclerotic Heart Disease.Interment at Rural - SouthboroDate permit issued 10 24 53Certified by New Jersey Burial Permit. M. D.

DEPARTMENT OF HEALTH OF THE CITY OF NEW YORK
BUREAU OF RECORDS AND STATISTICS

No 23870

BURIAL—CREMATION—TRANSPORTATION PERMIT

VENCKUNOS

Date 12/8/53

The Certificate of Death having been furnished to this Department, as required by the Sanitary Code, permission is hereby given to New York Burial Society of 148-150-27th St. N.Y.C. to remove the remains of Alexander J. Venckunos Aged 75 Yrs. Mos. Days, who died at 383-101st St. Borough of Bklyn. City of New York, on 12/8/53, 19, from Chapel for Burial* at Forest Cemetery on 12/12/53, 19

This permit must be handed to the Keeper of the Cemetery or Crematory by the Funeral Director in charge of the funeral.

* Cross out one.

ABRAHAM STERN
Borough Registrar

Per [Signature]

No. 53-19**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Alexander Venckunos

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cem Southboro
(Name of cemetery or crematory)on December 12, 1957Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 53-19**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased Alexander VENCKUNOSAge 75 years - months - daysPlace of death 383 South 3rd St, Brooklyn.Date of death 12 8 53Cause of death -Interment at Bural - SouthtownDate permit issued 12 12 53Certified by NY City Clerk #23870 M. D.

to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Walter William Collins.

If a U. S. War Veteran, specify what war, organization, etc.

at Beverly Farms Cemetery
(Name of cemetery or crematory)

on Dec. 16, 1953

Certified by Frederic H. Sanborn, Supt.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 53.20

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Donald C. Morris

Name of deceased Walter William Collins

Age 75 years 7 months 7 days

Place of death Lovell Lane, Southboro

Date of death 12 14 53

Cause of death Bronchopneumonia

Interment at Beverly Farms (Mass.) Cem'y

Date permit issued 12 15 53

Certified by J. L. Stone M. D.

PERMIT FOR REMOVAL OF CREMATED OR INTERRED HUMAN REMAINS

DECEDENT PERSONAL DATA	NAME OF DECEDENT—FIRST NAME <u>Elinor</u>		MIDDLE NAME <u>Burnett</u>		LAST NAME <u>Bishop</u>	
	AGE <u>81</u>	SEX <u>Female</u>	DATE OF DEATH <u>Nov 30 1953</u>			
PLACE OF DEATH	PLACE OF DEATH—CITY OR TOWN <u>Pasadena</u>				PLACE OF DEATH—COUNTY <u>Los Angeles</u>	
APPLICANT	NAME OF PERSON APPLYING FOR PERMISSION TO REMOVE REMAINS <u>Mary J. Van Meter, (daughter) Live Oak Cemetery-acting agent</u>					
REMOVAL DATA	FROM: CITY OR TOWN <u>Monrovia</u> , CALIFORNIA			TO: CITY OR TOWN, STATE <u>Southboro, Mass.</u>		
RE-INTERMENT DATA	NAME OF CEMETERY TO WHICH REMAINS ARE TO BE DELIVERED <u>St. Marks Episcopal Church.</u>					
LOCAL REGISTRAR OF VITAL STATISTICS	In accordance with provisions of the Health and Safety Code permission is hereby granted to the applicant named above, for the disinterment and removal of the above identified remains, as specified in this permit.					
	SIGNATURE OF LOCAL REGISTRAR OF VITAL STATISTICS ▶ <u>Roy G. Helquist</u>			REGISTRATION DISTRICT NUMBER <u>1908</u>		DATE PERMIT ISSUED <u>Dec 1 1953</u>
RECEIPT OF REMAINS	SIGNATURE OF PERSON ACKNOWLEDGING RECEIPT OF REMAINS ▶ <u>Herzog</u>				DATE REMAINS RECEIVED <u>12/1/53</u>	
SEE INSTRUCTIONS ON THE REVERSE OF THIS FORM						

No. 53-21

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed

to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Elinor Burnett Bishop

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Burnett Memorial Park
(Name of cemetery or crematory)

on Dec. 19, 1953

Certified by Harry F. Gagnon, Rector
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 53-21**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Rev. H. E. Goll.Name of deceased Elinor Burnett Bishop.Age 81 years — months — daysPlace of death Pasadena, Cal.Date of death Nov 30, 1953Cause of death not givenInterment at St. Mark's Church Cem'y.Date permit issued 12-18-53Certified by Registrar of Vital Statistics
Registration District #1908 M. D.
California.

No. 54-1**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased John J. Cocker

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)on January 19, 1954 10 A.M.Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)**Walter M. Offutt, Supt.**

If there is no officer in charge, undertaker should sign and return this stub.

No. 54-1**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased John J. CokerAge 67 years 9 months 23 daysPlace of death Pleasant St., FayettevilleDate of death 1 16 54Cause of death Sudden Death, presumably Coronary
ThrombosisInterment at Rural - SouthboroDate permit issued 1 18 54Certified by Walter Mahoney ^(Med Examiner) M. D.

FLORIDA

STATE BOARD OF HEALTH

Burial Permit No. 459**BURIAL-TRANSIT PERMIT**Full name of deceased Regis CollettePlace of death St. Petersburg Pinecrest FloridaDate of death Feb. 16, 1954 (City) (County) Color W Sex M Age 65Method of disposal removal (Whether burial, cremation, transportation, storage, etc.) Municipal (Cemetery or ~~Crematory~~)County Southboro State Mass.

A certificate of death having been filed as required by the laws of this State, permission is hereby given to John S. Rhodes License No. 19
 (Funeral Director or person acting as such)
 to dispose of body of said deceased as above stated.

Date issued 2-18-54 Signature Emily B. Kren
(Registrar)**CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW**Body was _____ on _____ 19____ in _____
(State whether cremated, buried, stored, etc.) (Cemetery or Crematory)Place _____ Signature _____
(Sexton or person in charge)

V.S. # 244

This permit must be endorsed by the Sexton (or by the Funeral Director where there is no sexton) and returned within 10 days to the Registrar of the district in which the burial takes place.

No. 54-2**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Regis Collette

If a U. S. War Veteran, specify what war, organization, etc.

? No**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)on February 22, 1954 10 A.M.Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 54.2

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Walter Offutt - Cem. SuptName of deceased Regis ColletteAge 65 years - months - daysPlace of death Sr. Petersburg, Florida.Date of death 2 16 54Cause of death Myocardial Infarction.Interment at Rural - SouthlorsDate permit issued 2 22 54Certified by Fla. B & H Permit. M. D.

No. 54-3**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Jennie (Walker) DeMoneIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was disposed
of in accordance with its termsat Rural Cem. Southboro, Mass.
(Name of cemetery or crematory)on March 15, 1954 3 P.M.Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 54-3

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Brookson Funeral Home
(Framingham)

Name of deceased Jennie (Walker) DeMore

Age 78 years 8 months 2 days

Place of death Lotusquama Rd

Date of death 3-12-54

Cause of death Acute Cardiac Insufficiency

Interment at Rural - Southboro

Date permit issued 3-13-54

Certified by J. H. McCann M. D.
(Med Examiner)

FLORIDA

STATE BOARD OF HEALTH

Burial Permit No. 1117**BURIAL-TRANSIT PERMIT**

Full name of deceased William J. Baugard
 Place of death St. Petersburg Florida
 (City) (County)
 Date of death Apr. 25 1954 Color W Sex M Age 68
 Method of disposal removal
 (Whether burial, cremation, transportation, storage, etc.) (Cemetery or Crematory)
 County Southboro State Mass.

A certificate of death having been filed as required by the laws of this State, permission is hereby given to John S. Rhodes License No. 19
 (Funeral Director or person acting as such)
 to dispose of body of said deceased as above stated.

Date issued 4-27-54 Signature Emily B. Kren
 (Registrar)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was _____ on _____ 19 _____ in _____
 (State whether cremated, buried, stored, etc.) (Cemetery or Crematory)

Place _____ Signature _____
 (Sexton or person in charge)

V.S. # 244

Cer. Acc.

This permit must be endorsed by the Sexton (or by the Funeral Director where there is no sexton) and returned within 10 days to the Registrar of the district in which the burial takes place.

No.

54-4

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*

to

Agent

BOARD OF HEALTH

(Office issuing permit)

City or Town of

Southboro

Mass.

Name of deceased

William J. Bouffard

If a U. S. War Veteran, specify what war, organization, etc.

—

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at

Rural Cem. Southboro

(Name of cemetery or crematory)

on

May 3, 1954

Certified by

J. H. McOffutt

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 54-4**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Walter OffuttName of deceased William J. BouffardAge 68 years months daysPlace of death St. Petersburg, Fla.Date of death 4 25 54Cause of death CVAInterment at Rural - SouthboroDate permit issued Florida Burial Permit #1117Certified by dtl 4-27-54 M. D.14th

No. 54-5**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Millford W. Hamelin

If a U. S. War Veteran, specify what war, organization, etc.

WWI : 26th Div - 104 Inf. - Co L - Pvt.ASN 73545 9/12/16 → 6/27/19**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St Mary's Cemetery, Marlboro
(Name of cemetery or crematory)on 6/2/1954Certified by Robert A. Quinn
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 54-5**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased Milford W. HamelinAge 78 years 4 months 24 daysPlace of death Winchester St., SouthboroDate of death 5-30-54Cause of death Coronary OcclusionInterment at St. Mary's - MarlboroDate permit issued 6-1-54Certified by Wm Delaney M. D.

No. **54-6****BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to **Agent**, **BOARD OF HEALTH**
(Office issuing permit)City or Town of **Southboro**, Mass.Name of deceased **Charles Fantasy**If a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was disposed
of in accordance with its termsat **Rural Cem. Southboro**
(Name of cemetery or crematory)on **June 21, 1954 10 A.M.**Certified by **J. M. Offutt**
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No.

54-6

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased Charles FantasyAge 66 years 10 months 26 daysPlace of death Junipike, FayetteDate of death JUN 18 1954Cause of death Coronary ThrombosisInterment at Rural Cemetery, SouthboroDate permit issued JUN 18 1954Certified by TIMOTHY P. STONE M. D.

No.

54-7

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*to Agent, BOARD OF HEALTH
(Office issuing permit)City or Town of Southboro Mass.Name of deceased William H. Park.If a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)on June 22, 1954 2-30 P.M.Certified by Hester M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 54-7**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased William Hamblen ParkAge 52 years 8 months 18 daysPlace of death Impike, FayetteDate of death JUN 19 1954Cause of death Coronary ThrombosisInterment at Rural Cem., SouthboroDate permit issued JUN 21 1954Certified by TIMOTHY P. STONE M. D.

No. **54-8****BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to **Agents**, **BOARD OF HEALTH**
(Office issuing permit)City or Town of **Southboro** Mass.Name of deceased **Florence Myrtle Legay**If a U. S. War Veteran, specify what war, organization, etc.

— —**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was disposed
of in accordance with its termsat **Rural Cemetery, Southboro, Mass.**
(Name of cemetery or crematory)on **June 22, 1954** **3 P.M.**Certified by **Walter M. Elliott**
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No.

54-8

BURIAL (OR REMOVAL) PERMIT*Slab to be retained by officer issuing permit*Issued to Seymour O. WoodName of deceased Florence Myrtle LegayAge 70 years 4 months 9 daysPlace of death Parkerville Rd., SouthvilleDate of death JUN 20 1954Cause of death Natural causes: Heart disease -
presumably coronary sclerosis.Interment at Rural Cem - SouthboroDate permit issued JUN 21 1954Certified by S. Alden Guild (medical
examiner) M. D.

No. **54-9****BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to **Agent**, **BOARD OF HEALTH**
(Office issuing permit)City or Town of **Southboro** Mass.Name of deceased **Ann T. (Carey) Baker.**If a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at **Rural Cem. Southboro**
(Name of cemetery or crematory)on **June 30, 1954**Certified by **Walter M. Offutt**
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No.

54-9

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to

Donald C. Morris

Name of deceased

Ann T (Carey) Baker

Age

49

years

6

months

26

days

Place of death

Middle Rd, Southboro

Date of death

JUN 27 1954

Cause of death

Carcinoma of Cervix

Interment at

Rural - Southboro

Date permit issued

JUN 29 1954

Certified by

J. P. Ahearn

M. D.

No.

54 10

JUL 3

1954

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed*

to

Agent

BOARD OF HEALTH

(Office issuing permit)

City or Town of

Southboro

Mass.

Name of deceased

Michael C. Peters

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at

Burial Park, Southboro

(Name of cemetery or crematory)

on

July 3, 1954

9:05 AM

Certified by

Halter M. O'Brien

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. **54 10****BURIAL (OR REMOVAL) PERMIT***Slab to be retained by officer issuing permit*Issued to **Donald C. Morris** **Southboro**Name of deceased **Michael C. Peters**Age **3** years **11** months **26** daysPlace of death **Endbury River, Southville.**Date of death **JUL 1 - 1954**Cause of death **Asphyxiation by Drowning**Interment at **Rural - Southboro.**Date permit issued **JUL 3. 1954**Certified by **Dr. Mahoney - med examiner** M. D.

No. **54 11**
JUL 13 1954

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed

to **Agent** **BOARD OF HEALTH**
 (Office issuing permit)

City or Town of **Southboro** Mass.

Name of deceased **George Dexter Parmenter**

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at **Edgell Grove Cemetery Framingham**
 (Name of cemetery or crematory)

on **July 14, 1954**

Certified by **Wayne L. Morgan** **Supt**
 (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Richard P. ColdwellName of deceased George Dexter ParmenterAge 79 years 0 months 4 daysPlace of death Oak Hill Rd., FayvilleDate of death JUL 12 1954Cause of death Cancer, abdominalInterment at Edgell Grove - Fram. Ctr.Date permit issued JUL 13 1954Certified by Roland S. Newton M. D.

This Coupon to be returned immediately, properly endorsed

10. Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Avara (Reynolds) Nelson

If a U. S. War Veteran, specify what war, organization, etc.

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms.

Rural Cem. Southboro
at
(Name of cemetery or crematory)

on December 27, 1954

Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 54-12**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Harper - WestboroName of deceased Avara (Reynolds) NelsonAge 58 years 3 months 11 daysPlace of death Southville Rd., SouthvilleDate of death 12/25/54Cause of death Metastatic CarcinomaInterment at Rural - SouthboroDate permit issued 12/26/54Certified by Marilyn Meserve. M. D.

issued 1/10/55

No. 55-1

BURIAL (OR REMOVAL) PERMIT

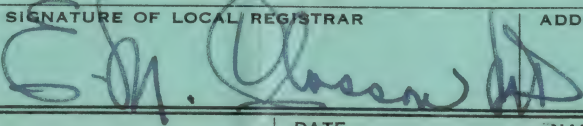
Stub to be retained by officer issuing permit

Issued to Donald C. Morris and
Walter OffuttName of deceased Joseph RamelliAge 57 years months daysPlace of death Tucson, ArizonaDate of death 1/5/55Cause of death not givenInterment at Rural Cem'y - SouthboroDate permit issued Jan 9, 1955Certified by Arizona Dept Health M. D.

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

BURIAL OR REMOVAL PERMIT

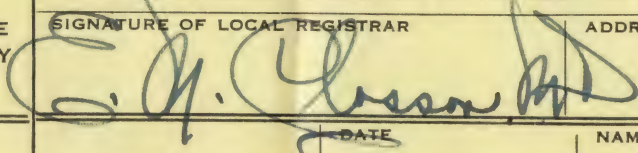
PERSONAL DATA ON DECEASED	NAME OF DECEASED (FIRST) (MIDDLE) (LAST)			SEX	AGE
	Joseph Ramelli			Male	57
MANNER AND PLACE OF DISPOSAL	PLACE OF DEATH (COUNTY) (CITY) (STATE)			DATE OF DEATH	
	Pima Tucson, Arizona			1/5/55	
AUTHORI- ZATION TO DISPOSE OF BODY	<input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/> CREMATION			FUNERAL DIRECTOR OR PERSON ACTING AS SUCH (NAME) (ADDRESS) REILLY FUNERAL HOME Tucson, Arizona	
	PLACE OF BURIAL REMOVAL OR CREMATION (CEMETERY OR CREMATORIUM) (CITY) (STATE)			Southboro, Mass.	
DISPOSI- TION OF BODY	A Death Certificate HAVING BEEN FILED IN ACCORDANCE WITH THE LAWS OF ARIZONA AND THE REGULATIONS OF THE STATE BOARD OF HEALTH, I HEREBY AUTHORIZE DISPOSITION OF THE BODY OR FETUS IN THE MANNER ABOVE STATED.				
	SIGNATURE OF LOCAL REGISTRAR			ADDRESS	DATE ISSUED
			Tucson, Arizona	1/6/55	
DISPOSI- TION OF BODY	BODY WAS	DATE	NAME OF CEMETERY OR CREMATORIUM		
	<input type="checkbox"/> BURIED <input type="checkbox"/> CREMATED	6			
		LOCATION	(CITY)	(STATE)	SIGNATURE OF CEMETERY KEEPER OR PERSON IN CHARGE

Donald C. Morris Funeral Home
Main Street
Southboro, Mass.

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

BURIAL OR REMOVAL PERMIT

PERSONAL DATA ON DECEASED	NAME OF DECEASED (FIRST) (MIDDLE) (LAST)			SEX	AGE
	Joseph (COUNTY) Donelli (CITY) (STATE) Pima Tucson, Arizona			Male	37
MANNER AND PLACE OF DISPOSAL	<input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/> CREMATION		FUNERAL DIRECTOR OR PERSON ACTING AS SUCH (NAME) (ADDRESS) REILLY FUNERAL HOME Tucson, Arizona		
	PLACE OF BURIAL REMOVAL OR CREMATION (CEMETERY OR CREMATORIUM) (CITY) (STATE) Southboro, Mass.				
AUTHORI- ZATION TO DISPOSE OF BODY	A Death Certificate HAVING BEEN FILED IN ACCORDANCE WITH THE LAWS OF ARIZONA AND THE REGULATIONS OF THE STATE BOARD OF HEALTH, I HEREBY AUTHORIZE DISPOSITION OF THE BODY OR FETUS IN THE MANNER ABOVE STATED.				
	SIGNATURE OF LOCAL REGISTRAR 			ADDRESS Tucson, Arizona	DATE ISSUED 1/6/55
DISPOSI- TION OF BODY	BODY WAS <input type="checkbox"/> BURIED <input type="checkbox"/> CREMATED		NAME OF CEMETERY OR CREMATORIUM LOCATION (CITY) (STATE) SIGNATURE OF CEMETERY KEEPER OR PERSON IN CHARGE		

DEATH RECORDS

Donald C. Morris Funeral Home

Main Street

Southboro, Mass.

DATE

TIME

PLACE

CAUSE

AGE

SEX

RELATION

RESIDENCE

No. 55-1**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Joseph RamelliIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was disposed
of in accordance with its termsat Rural Cem. Southboro
(Name of cemetery or crematory)on Jan. 10, 1905Certified by W. M. O'Farrell
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 55.2**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased Howard P. LaneAge 89 years 6 months 19 daysPlace of death Middle Rd., SouthboroDate of death 1/14/55Cause of death BronchopneumoniaInterment at Rural Cem., SouthboroDate permit issued 1/16/55Certified by Marilyn Meserve M. D.

No. 55-2**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Howard P. LaneIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southborough, Mass.
(Name of cemetery or crematory)on January 16, 1955 3 P.M.Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 55-3

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to C. Ronald Merriam
Fram.

Name of deceased Mildred E. (Leighton) Paul

Age 76 years 9 months 28 days

Place of death Boston Rd.

Date of death 1/29/55

Cause of death Carcinoma of The Breast

Interment at Mt. Auburn - Auburn - Maine

Date permit issued 1/31/55

Certified by Wilfred M. Watson M. D.

No. 53-3**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health
(Office issuing permit)City or Town of P.O. Box 121, Southboro Mass.Name of deceased Mildred E. (Leighton) PaulIf a U. S. War Veteran, specify what war, organization, etc.

_____**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Mount Auburn Cemetery
(Name of cemetery or crematory)on Feb. 1 - 1950Certified by Harry E. Bouty, Supt.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 55-4**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Richard P. Coldwell, Marl.Name of deceased Wheelock C. BurgessAge 77 years 4 months 3 daysPlace of death Oak Hill Rd., FayvilleDate of death 2/3/55Cause of death Natural Causes - presumably
Coronary OcclusionInterment at Maplewood - Marl.Date permit issued 2/3/55Certified by S. Alden Guild M. D.
(med Exam)

No. 55-5**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Irving M. HarperName of deceased Edward C. RamsdellAge 88 years 7 months 1 daysPlace of death Prentiss St., SouthvilleDate of death 3/15/55Cause of death Sudden Death, presumably
Coronary SclerosisInterment at Rural Cem. - WorcesterDate permit issued 3/16/55Certified by Walter Mahoney M. D.
(med. Exam.)

This Coupon to be returned immediately, properly endorsed

to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Edward C. Ramsdell

If a U. S. War Veteran, specify what war, organization, etc.

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

RURAL CEMETERY CREMATORY, WORCESTER, MASS.
at
(Name of cemetery or crematory)

on March 17, 1955

Certified by James Hansen
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. **55-6****BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to **Agent, Board of Health**
(Office issuing permit)City or Town of **P.O. Box 121, Southboro** Mass.Name of deceased **Arthur D. Monroe**If a U. S. War Veteran, specify what war, organization, etc.

—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

BURIAL CEMETERY CREMATORY, WORCESTER, MASS.at
(Name of cemetery or crematory)on **May 22, 1955**Certified by **Ernest Hansen**
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 55-6**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased Arthur David MonroeAge 41 years 8 months 25 daysPlace of death Woodland Rd.Date of death 5/20/55Cause of death Coronary OcclusionInterment at Rural Crematory, Winc.Date permit issued 5/22/55Certified by Donald E. Love. M. D.

No. 55-7**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased Marjorie (Fuller) McCobbAge 40 years 10 months 7 daysPlace of death Lynman St., San BrunoDate of death 11/30/55Cause of death Coronary ThrombosisInterment at RuralDate permit issued 12/3/55Certified by Cochrane M. D.

No. 55-7

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed

to Agent, Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Margorie (Fuller) McCobb

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cem. Southboro
(Name of cemetery or crematory)

on Dec. 3, 1955

on March 27, 1955

Certified by H. M. Oshroff Supt.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 55-8

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Donald C. Morris

Name of deceased Jessie (Buchanan) Vaughan

Age 77 years 10 months 15 days

Place of death Framingham Rd., Southboro

Date of death December 21, 1955

Cause of death Uremia, Chr. glomerulonephritis

Interment at Rural

Date permit issued 12/22/55

Certified by J. P. Ahearn M. D.